Stimulating a Culture of Improvement: Introducing an Integrated Quality Tool for Organizational Self-Assessment

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As leaders and systems-level agents of change, oncology nurses are challenged by opportunities to guide organizational transformation from the front line to the board room. Across all care settings, reform and change initiatives are constants in the quest to optimize quality and healthcare outcomes for individuals, teams, populations, and organizations. This article describes a practical, evidence-based, integrated quality tool for initiating organizational self-assessment to prioritize issues and stimulate a culture of continuous improvement.

At a Glance

- Quality is complex and multidimensional.
- Organizational improvement begins with self-assessment.
- Management of change requires competent leadership.

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About 1.6 million new cancer cases are diagnosed in the United States annually and, by 2030, this figure is estimated to reach 2.3 million (Bylander, 2013). These numbers are daunting and require new approaches for planning and implementing services throughout the continuum of care (Ferrell, McCabe, & Levit, 2013). For more than two decades, the U.S. healthcare system has been in flux as leaders in business, health, education, technology, and government grapple with the growth, complexity, and scale of change required to improve care delivery. Reform and change initiatives are important in the quest to optimize quality and outcomes for individuals, teams, populations, and organizations. Oncology nurses are well suited to be able to affect change and find opportunities to guide organizational changes (Day et al., 2014).

In 2013, the author of the current article led a unit-based action research study in the ambulatory breast center at a community hospital in San Francisco, California, to assess the level of team engagement and delineate opportunities for improvement. A previously published conceptual framework for comprehensive breast care (see Figure 1) was used to focus the components of organizational development and quality improvement (Coleman & Lebovic, 1996). This article will describe an integrated tool with 11 quality domains that emerged as a practical necessity to categorize study findings. This tool offered a starting point for management to reflect on an organizational self-assessment, prioritize issues, aid decision making, and stimulate a culture of continuous improvement.

Team Satisfaction Surveys

Three published surveys were completed by 25 frontline staff (radiology technologists, RNs, schedulers, nurse practitioners, file clerks, residents, fellows, medical records clerks, laboratory aides, program administrators) to quantify levels of individual and team engagement. Results indicated a moderate level of stress, and the employees also stated that the clinic was not a better place to work than the prior year (Dartmouth Institute, 2015). Findings from an interdisciplinary survey suggested that healthcare team members did not feel free to question the actions of those with more authority (Upenieks, Lee, Flanagan, & Doebbeling, 2010). Results from a team assessment tool found that staff lacked several characteristics, including a clear purpose, feelings of safety for engaging in team conflict, common processes for getting things done, and specific performance goals (Tiffan, 2011).

A baseline group discussion and SWOT (strengths, weaknesses, opportunities, and threats) analysis tool (http://bit.ly/1kPAIx5) were also incorporated (Harris, Roussel, Walters, & Dearman, 2011). Qualitative findings were elicited from two open-ended questions in the Dartmouth tool and results of the SWOT analysis. Of note, staff reported that the word *team* was infrequently or never used, and clarification about roles and responsibilities was absent. Employees described a reactive work environment; ineffective communication (e.g., listening, voice tone, giving and receiving feedback); and an overall culture of distrust, disrespect, and dysfunction.